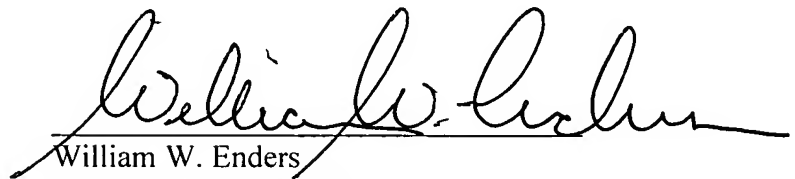


REMARKS

Attached is a check in the amount of \$25.00 for one additional dependent claim. Should any fees under 37 CFR 1.16-1.21 be required for any reason relating to the enclosed materials, the Commissioner is authorized to deduct such fees from Deposit Account No. 10-1205/COVI:008. The Examiner is invited to contact the undersigned at the phone number indicated below with any questions or comments, or to otherwise facilitate expeditious and compact prosecution of the application.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'William W. Enders', written over a horizontal line.

William W. Enders
Registration No. 41,735
Attorney for Applicant

O'KEEFE, EGAN & PETERMAN
1101 Capital of Texas Highway South
Building C, Suite 200
Austin, Texas 78746
(512) 347-1611
FAX: (512) 347-1615